

## Diary and Symptoms of Seizure with Rednecked Wallaby

**Call Number:** 1349931

**Species:** Rednecked Wallaby

**Nickname:** Alice

**Length of Time In Care:** Since 19 January 2020

**Feeding:** Wombaroo 0.7, grass

**Age at 27 April 2020:** 269 days

### **Overview of Medical Issue**

Alice seems to be experiencing some kind of seizure now and then. The symptoms are not the same as the documented cases of unidentified seizure syndrome. Alice's carer has experience the syndrome with another wallaby last year. Alice does not display obvious seizure symptoms. She refuses food, vocalises, shifts around uncomfortably on and off in the pouch and is off balance and disoriented out of the pouch. Episodes last a few hours. She missed 2-3 feeds then is back to normal.

There was a couple of months gap between the first instance and the second episode (with no treatment). Since then, they are 5-7 days apart.

The cause is unknown. No new food or changes in her environment were introduced. Alice is paired with another wallaby who does not exhibit any symptoms.

Diazepam calms her down if administered during an episode but does not shorten the length of the episode itself.

Clindamycin appears to be effective in preventing episodes. However, Clindamycin caused Alice to have perpetual diarrhoea. It is not known what the effects or the effectiveness of long term Clindamycin might be.

### **Chronology of Events**

<b>Date</b>	<b>Time</b>	<b>Symptoms</b>	<b>Action Taken</b>
29 February	Approx. 3pm	With another carer for the weekend. Ate and toileted normally at the 5am feed. Refused food at 11am. Vocalising a few hours later. Soiled pouch.	Carer called me. I got the voicemail at 4pm. I picked her up immediately. She seemed a little out of sorts but was completely back to normal when we got home 20 mins later. She ate her 5pm feed and toileted normally and was back to eating grass.

Date	Time	Symptoms	Action Taken
11 April	11am	<p>Fed and toileted normally at 5am.</p> <p>At 11am, refused milk and water. Urine was normal.</p> <p>Around an hour later, began making distress vocalisations on and off. Took her out of the pouch to examine her and check she had not hurt herself. She broke free and darted around the room, off balance and running into walls.</p> <p>Got her into a pouch and a dark room quickly. She calmed down a little but vocalising got more frequent.</p>	<p>Took to SASH at 3:30pm.</p> <p>Waited with her in the car until 5:30pm then was advised to leave her with them and await a call back.</p> <p>No myopathy. CK levels only very slightly elevated.</p> <p>Glucose levels OK.</p> <p>Vet gave her diazepam, a subcut and some pain relief.</p> <p>Prescribed a course of oral Doxycycline antibiotic.</p> <p>I picked her up just after mid-night and brought her home. She drank normally and urinated normally before bed.</p>
14 April	11am	<p>Fed and toileted normally at 5am.</p> <p>At 11am, refused milk and water and began exhibiting the same symptoms as before.</p>	<p>Took to Somersby vet.</p> <p>Administered diazepam and x-rayed.</p> <p>Advised she may have very slight pneumonia but that is not the cause of these symptoms. Eyes took longer to react to light than they should. Dr Robin Crisman suggested that she thought it was neurological and may be micro-focal seizures.</p> <p>Prescribed twice daily Clindamycin and continuation of Doxycycline once daily.</p> <p>Gave me diazepam to administer immediately if symptoms occurred again.</p> <p>Would not feed at 5pm but normal urine and faeces. Fed normally at 10pm.</p>
19 April	Last 4 days	<p>Uncontrolled diarrhoea, green and smelly.</p>	<p>Stopped critical care. Gave colloidal silver 1ml twice daily and added slippery elm to feeds.</p> <p>Dr Robin advised to administer Nilstat 3 times a day (0.2ml) and stop the antibiotics as I suspected they were the cause of the diarrhoea. Did not administer 5pm antibiotics.</p>
20 April		<p>Back to normal. Feeding, urination and faeces as they should be.</p>	<p>Determined antibiotics must have caused the diarrhoea.</p>

<b>Date</b>	<b>Time</b>	<b>Symptoms</b>	<b>Action Taken</b>
21 April	5am	Had another episode. Same symptoms as before.	Administered Diazepam at 5:30pm. She did not calm down. Contacted Robin to ask if I could administer more. Administered second dose of Diazepam at 8:30am. Kept her in warm, dark room. Back to normal by 5pm feed. Started Clindamycin twice daily again.
22 April	5am	Diarrhoea at every feed again and sometimes between feeds)	Kept adding slippery elm to feeds, Nilstat 3 times daily and haemorrhoid cream as her cloaca was looking a little sore. Continued Clindamycin to end of course even though it caused the diarrhoea. Needed to understand if it was effective in preventing the episodes.
26 April	5am	Normal. Gained 240g weight this week despite the diarrhoea.	Administered last dose of Clindamycin.
27 April	4:30pm	Another episode. Same symptoms.	Administered Diazepam and contained in warm, dark pouch. Still heavy breathing and occasionally kicking around uncomfortably in pouch by 6pm. Will administer further diazepam if no change within the hour.
27 April	6pm	Alice suffered a massive seizure. Blood spurted out of mouth and nose. Alice passed away.	